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ABSTRACT

The Telephone Conference Network, sponsored by The Pennsylvania State University's Coordinating Council for Health Care, is designed as a cost-effective format for providing inservice training in geriatric mental health for individuals who serve the elderly. Institutions which subscribe to the Telephone Conference Network are equipped with a conference speaker and telephone hook-up providing a two-way line of communication, and may choose from a variety of inservice programs. Mailed evaluations were completed by participants (N=73) in the "Skills to Manage Moods" program, a series of four 1-hour sessions designed to teach participants the skills needed to help patients cope with depression and to deliver the program to others. The majority of respondents reported high levels of satisfaction with the Telephone Conference Network system and the specific program in which they participated. Although 85 percent reported that they would be able to use the skills learned in the program on the job, 50 percent reported that they would not be interested in teaching these skills to others. The convenience and efficiency of the Telephone Conference Network were the most frequently mentioned strengths of the system, while the physical facilities and the program delivery format adopted by the individual institutions were the most frequently mentioned weaknesses. These data suggested several recommendations for Network subscribers and for professionals offering telephone conference programs, including ensuring optimal class enrollment and adequate physical facilities, and participant involvement in program implementation. (NRB)

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Training in Mental Health:
Evaluation of the Telephone Conference Network*

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The mental health needs of older adults will continue to grow in the next several decades. However, even at the present time, an adequate supply of individuals trained in mental health and aging does not exist (Smyer & Gatz, 1983). In light of this personpower shortage, a variety of training efforts have been suggested for narrowing the gap between the need for and availability of services. For example, continuing education courses in geriatric mental health and in-service geriatric mental health training programs for individuals who serve the elderly have been proposed (President's Commission on Mental Health, 1979). This paper provides formative evaluations of both the Telephone Conference Network, a cost-effective format for providing in-service training, and a program entitled "Skills to Manage Moods: Coping with Depression" delivered via this Network. The Telephone Conference Network is sponsored by The Pennsylvania State University's Coordinating Council for Health Care.

Prior to presenting the results of the formative evaluations, descriptive information will be provided for the Telephone Conference Network, the "Skills to Manage Moods" program, and the characteristics of the sample. Additionally, open-ended comments made by program participants about the strengths and weaknesses of the Telephone Conference will be highlighted. Finally, based on the results of the evaluations reported, guidelines for the use of the Telephone Conference Network will be discussed.

WHAT IS THE TELEPHONE CONFERENCE NETWORK?

The Coordinating Council for Health Care was established at The Pennsylvania State University in 1972 and serves as the umbrella organization under which the Telephone Conference Network operates. Interested institutions subscribe to the Council for a fee based on the size of their facility and on the number of its in-patient days. Subscribing institutions are equipped with a conference speaker and a telephone hook-up. Two types of telephone hook-ups are available through the Coordinating Council--the Darome Convener Conference Set and 50-A TC Units. These create a two-way line of communication between the professional conducting the program and the participants, and the potential for discussion and question-and-answer periods. Subscribers then choose from a variety of in-service programs which are delivered at an agreed-upon date and time. The Council supplies supplementary materials to the institutions upon selection of a program--including slides, hand-outs, and take-home materials. Twenty-one subscribing institutions can participate simultaneously in any Telephone Conference program.

Currently, subscribers to the Coordinating Council include rehabilitation, extended, and acute-care hospitals. Approximately 67 hospitals and 32 nursing homes are members of the Coordinating Council.

Employees of subscribing institutions receive cost-effective and convenient access to experts in a variety of fields related to both professional and personal development. Selected topics of programs now offered by the Network include: "Medications Update,"

"Recognizing Stress and Burnout," "Alzheimer's Disease and Its Implications for Patient Care," and "Ethical Frameworks for Privacy, Confidentiality, and the Patient's Bill of Rights." It should be noted that the Coordinating Council does not limit the topics for which Telephone Conference programs can be developed. The Council has successfully met the individual needs of particular institutions by contracting with appropriate professionals to develop new programs focused on specific topics. Additionally, participants may receive Continuing Education Units.

Although not currently available through the Coordinating Council, programs similar to those offered through the Telephone Conference which use satellite technology offer a visual as well as an auditory component to in-service programs. Participants are able to see the program director on a screen at each program site.

DESCRIPTION OF A TELEPHONE CONFERENCE PROGRAM

"Skills to Manage Moods" is one of the programs offered through the Coordinating Council via the Telephone Conference format. It is based on a psychoeducational approach to teaching skills to control mild depression and is delivered in four, one-hour sessions (Lewinsohn, 1978; Thompson & Gallagher, 1981). A "train the trainer" approach is adopted, whereby participants who complete the training are taught the skills necessary to deliver the program to others (e.g., see D'Augelli & Vallance, 1982). In the case of this particular program, participants learn the skills needed to help

patients cope with depression and to educate and develop activities for other members of their institution's staff.

The objectives of the program include: 1) to introduce participants to a behaviorally-oriented, educational approach to mild depression in the elderly; 2) to teach participants how to rate and monitor their daily moods and to assess the daily occurrence of pleasant and unpleasant events; 3) to introduce participants to the utility of graphing their pleasant and unpleasant events and daily mood ratings; 4) to introduce the concept of the self-rewarding contract; and 5) to provide information necessary to implement a similar training program at the participant's institution.

STUDY SAMPLE

Data were gathered from participants in the "Skills to Manage Moods" program. This four-session program was administered via the Telephone Conference Format to 198 staff members at 14 acute and extended care facilities in Pennsylvania in March, 1984, by Dr. Michael A. Smyer. Only those participants who completed and returned a mail-back evaluation form which was distributed at the end of the fourth session were included in the analysis reported here. (The demographic characteristics of this sub-group of the original pool of participants did not differ significantly from those who chose to complete the evaluation. Also, it should be noted that although 73 individuals completed the evaluation, demographic data is provided for only 5[illegible] individuals. This discrepancy resulted from the decision to include the demographic questions at only one point of measurement.

after the completion of the initial session. Therefore, demographic data are not available for 22 participants who did not complete and return the mail-back questionnaire administered after the first session of the program.)

Characteristics of the sample are reported in Table 1. The program participants were predominately college-educated females who were employed more than half-time. The majority were Protestant (59.9%) or Catholic (24.2%), earning approximately $10,000 to $20,000 a year (51%) or more (36.7%). The average age of participants was 40 years old. Although the majority of respondents were married (52.9%), about 25% of the sample reported being divorced or separated and about 18% reported being never married.

FORMATIVE EVALUATIONS: "PROCESS" AND "CONTENT"

As previously mentioned, data for the formative evaluations of both the Telephone Conference Network and of the "Skills to Manage Moods" program were collected by use of a self-report mail-back questionnaire distributed after the final session of the program. The evaluation was designed to assess the following topics: overall satisfaction with the Telephone Conference Network, satisfaction with the program within the context provided by the participating institution, the ripple effects of program participation, overall satisfaction with the program's content, and ratings of specific program components.

To aid in the interpretation of the evaluation results reported in this paper, a distinction between formative and summative

evaluations is in order. A formative evaluation is referred to as a form of "pre-evaluation activity" and includes evaluation research conducted during a program's planning or formative stages (Rossi, Freeman, & Wright, 1979). On the other hand, a summative evaluation is thought to be a more formal, comprehensive evaluation whose results should lead to definitive findings. This comprehensive type of evaluation includes monitoring, impact assessment, and cost-benefit or cost-effectiveness analysis (Rossi et al., 1979). In this paper, results from the formative evaluations described will suggest ways to design summative evaluations of the Telephone Conference Network in the future. In addition to its formative nature, it should also be noted that the evaluation reported in this paper relies solely on self-report data which may be subject to a social desirability bias. In other words, program participants may overestimate their level of satisfaction with the program or hesitate to elaborate on the weaknesses of the program because it is more socially acceptable to express favorable opinions than unfavorable ones.

The first section of our formative self-report instrument consisted of 17 closed-ended questions for which one of several responses along a continuum was to be checked. For example, one of the questions in this section was "If the topic was relevant, would you participate in other programs similar in format to this one?" Response choices to this question included "Definitely yes," "Probably yes," "Probably not," and "Definitely not." In addition to these closed-ended questions, seven open-ended questions asked participants to comment on strengths and weaknesses of the Telephone Conference

Network, and whether the structural/environmental features of their program site (e.g., time, place, level of comfort, convenience, etc.) facilitated or impaired their participation.

In the presentation of the results, those questions pertaining to the evaluation of the Telephone Conference Network, or the "process" of the evaluation will be presented first. Subsequently, the results from those questions pertaining to the "content," the "Skills to Manage Moods" program, will be discussed.

Table 2 presents the results from the formative evaluation of the Telephone Conference Network. As can be seen by the response patterns to the first set of questions, the vast majority of respondents report high levels of satisfaction. Approximately 92% of the respondents would participate in other programs offered via the Telephone Conference Network and approximately 90% would recommend participation for others. In regard to the pacing of the program, about 69% felt that "it was about right," but 34% felt "it was too slow" and 8% felt "it was too fast." This finding is particularly relevant due to the time constraints posed by this type of training delivery format. Unlike programs which are delivered to one group of individuals at a time, a program coordinator of a telephone conference program receives little immediate feedback on how the program is being received. Also, participants may hold different staff positions within a particular institution and a program may be delivered to several institutions simultaneously. This flexibility creates the potential for great diversity in terms of the participant's prior experience and expectations.

The second set of questions focuses on levels of satisfaction with job-related aspects of participation. First, approximately 85% of the participants reported that they would be able to use what they learned in the program on the job. Interestingly, almost 35% of the participants reported that they would not have attended this program if it had not been offered by their employer. This finding suggests that in-service geriatric training via the Telephone Conference format may be a more acceptable delivery approach than continuing education courses which are not usually taken during work hours. Finally, almost 31% of the participants reported that they felt that they did not benefit more from the program because they participated with friends and co-workers. This finding implies that selection of particular programs should be based, in part, on how appropriate they are for participation among co-workers. For example, programs of a highly personal nature or those that require a high level of self-disclosure may not be suitable.

The final set of questions focuses on the ripple effects of program participation. Surprisingly, almost 50% of the participants reported that they would not be interested in teaching the skills they learned to others. Several comments made in the open-ended section of the evaluation point to a possible explanation for this disparate finding. Many participants made a distinction between their high level of satisfaction with the program for meeting their personal program goals, but were not convinced that they would be able to transfer their skills to their patients. This explanation is supported by the finding that almost 65% of the participants reported

that they would need additional training if they chose to teach their skills to others. Of those participants who reported that they would be interested in teaching their skills to others, most would teach either co-workers or friends (about 82%). About 25% reported that they would teach their skills to patients.

The results of the "content" portion of the evaluation are reported in Table 3. In terms of overall satisfaction, the majority of respondents (87.7%) felt that completion of the program will help them to cope with moods in the future. However, this trend is not supported when participants are asked how useful the skills they learned were in coping with their own moods. Almost 44% of the participants reported that the skills they learned were not useful in helping them to cope with their own moods. Although the data at hand do not offer an explanation for these contradictory findings, one speculation may be that participants learned something in addition to their behavioral skills that they felt would be helpful in coping with moods in the future. For example, the knowledge that many of their co-workers share similar problems and concerns may promote coping by reducing anxiety about a particular situation or by opening up new channels for communication with co-workers. It is suggested that future evaluations be sensitive to "ripple benefits" of participation in addition to those suggested by the content of the program.

Levels of satisfaction with participation are high when specific program components and benefits of participation are addressed. Approximately 86% of the respondents reported that the skills they learned were useful in helping them to identify what factors .

contribute to their mood. Additionally, approximately 71% of the respondents felt that completion of the training has helped them to deal with a particular problem or issue.

In the final section of the "content" evaluation, participants were asked to rate each of the specific program components along a five-point continuum ranging from "Extremely Useful" to "Not Useful." The program components include: the Pleasant Events Checklist, the Pleasant Events Tracking Form, the Unpleasant Events Checklist, the Unpleasant Events Tracking Form, Graphing, Daily Mood Rating Form, Problem Contract, Model Problem, and the Homework assigned for the program. Overall, there was little variability in participants' ratings. On the average, approximately 40% of the respondents rated each of the components as "Very" or "Extremely Useful." The Daily Mood Rating Form was rated most highly, with 48% describing it as "Very" or "Extremely Useful." If response categories are collapsed further, an average of 85% of the participants rated each of the components as "Useful," "Very Useful," or "Extremely Useful." The program components rated most frequently as "Not Useful" include the model problem (33% rated it as "Not Useful"), the problem contract (29%), graphing (26%), and homework (25%). A recommendation for future evaluations is to ask respondents whether the program components were rated less favorably due to their delivery via the Telephone Conference format. In other words, it would be useful to determine which components of a particular program are facilitated and what components are viewed as less effective as a result of the format used for the delivery of training.

The following section will summarize the responses made to the open-ended questions included in the evaluation. Approximately 21% of the participants mentioned one or more characteristics of the Telephone Conference Network that they considered to be a strength. Those most frequently mentioned refer to its convenience and efficiency. Typical remarks included: "It saves a lot of time and money," "The program reached a lot of employees at once," and "We were able to participate without missing work." Other strengths pertain to the format of the Telephone Conference--"I liked being able to share ideas with people from other areas," and "I enjoyed sharing on-the-job training with my co-workers; it gave us something constructive to focus on for a change."

Approximately 60% of all respondents mentioned one or more characteristics which they thought to be a weakness of the Telephone Conference format. Respondents' criticisms centered around two concerns: the physical facilities for the program and the program delivery adopted by their particular institution. In regard to the physical facilities, the following comments were frequently mentioned: "The instructor's voice was inaudible at times," "It is difficult to listen without visual aids," "The equipment was too intimidating; it limited discussion in our group," and "Our room was uncomfortable--not only was it crowded and hot, but we didn't have enough room to spread out our materials during the sessions."

The following criticisms refer to the procedures adopted for the program's delivery: "We needed a small group follow-up after each session," "The topic is too personal for the group format," "We just

didn't have enough time to exchange opinions and information," "Conversation was not facilitated at designated times in the program," and "It was distracting when participants talked to one another during the sessions."

LOOKING AHEAD

Based on the results of the formative evaluations and participants' comments in the open-ended section of the evaluation, the final section of the paper will present several guidelines for Network subscribers and professionals offering Telephone Conference programs.

First, for subscribing institutions, it is recommended that an optimal class enrollment be established. Too few or too many participants may inhibit discussion and participation. A program coordinator should be designated at each program site to facilitate discussion, distribute materials, and encourage participation and attendance. Only those programs that are suitable for participants to share with their colleagues and supervisors should be selected. Programs that are highly personal in nature or that rely on high levels of self-disclosure may be inappropriate. The following factors should be considered when a "train the trainer" program is selected: the skill level of the program participants, the skill level of the patients the program participants serve, and the immediate and follow-up resources necessary for the transfer of skills from participants to participants (e.g., supervision, training manuals, follow-up sessions). Choose a spacious, comfortable environment for the program site. Allow participants to help decide when, where, and

which programs will be offered. Finally, conduct an evaluation of each program offered. Incorporate a pre-test/post-test design and several methods of data collection if possible. In addition to a self-report paper-and-pencil instrument, some type of behavioral observation could be designed. For example, coordinators at each program site could observe how effective participants are in teaching their skills to patients. Also, the cost-effectiveness of each Telephone Conference program should be determined, including the cost per participant and a cost-comparison with other types of training programs. If the program is delivered during work hours, a cost estimate of the participants' time should be considered.

For professionals offering Telephone Conference programs, it is recommended that visual aids, diagrams, workbooks, and selected reading materials be incorporated into the program delivery. The use of these materials may accommodate for the lack of personal contact with the instructor and serve to focus the attention of participants during sessions. Materials should be distributed before the first session to increase familiarity with the course objectives and content. Participants should be assisted in setting both professional and personal goals for their involvement in the program at the opening session of each program. Finally, the instructors' presentation style and delivery should be concise and clear. This is essential due to the time limits the highly structured nature of the Telephone Conference format imposes.

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TABLE 1

SAMPLE CHARACTERISTICS

(N = 51)

Characteristics	N	%
Age	51	$\bar{X}$ = 39.8
Sex		
Male	6	11.8
Female	45	88.2
Marital Status		
Married	27	52.9
Divorced/Separated	13	25.5
Widowed	2	3.9
Never Married	9	17.6
Religious Preference		
Catholic	13	24.2
Jewish	32	59.9
Protestant	32	59.9
Other	5	9.9
Race		
White	51	100.0
Black	0	0.0
Other	0	0.0
Educational Background		
Attended High School	1	1.9
Completed High School	4	7.8
Attended College	5	9.8
Completed College	27	52.9
Attended Post-Graduate Training	9	17.6
Completed Post-Graduate Training	5	9.8
Present Employment		
Employed Less Than Half-Time	1	2.0
Employed More Than Half-Time	44	89.8
Retired	1	2.0
Never Employed/Not Applicable	3	6.1

TABLE 1 (Continued)

Characteristics	N	%
Gross Yearly Earnings		
Under $5,000	1	2.0
$5,000 - $10,000	4	8.2
$10,000 - $20,000	25	51.0
Over $20,000	18	36.7
Self-Rated Physical Health		
Excellent	20	39.2
Good	30	58.8
Fair	1	2.0

TABLE 2

FORMATIVE EVALUATION OF THE TELEPHONE CONFERENCE FORMAT

OVERALL SATISFACTION WITH THE TELEPHONE CONFERENCE FORMAT

If the topic was relevant, would you participate in other programs similar in format to this one?

Definitely yes	31	42.5
Probably yes	36	49.3
Probably no	6	8.2
Definitely not	0	0.0

PARTICIPATION ON THE JOB

Will you be able to use what you have learned in this program on the job?

Definitely yes	25	34.3
Probably yes	37	50.7
Probably no	11	15.1
Definitely no	0	0.0

Would you be likely to attend a program like this one if it had not been suggested by your sponsoring agency?

Definitely yes	13	17.8
Probably yes	36	49.3
Probably no	21	28.8
Definitely no	3	4.1

FORMATIVE EVALUATION OF SKILLS TO MANAGE MOODS

OVERALL SATISFACTION WITH THE PROGRAM

Do you feel that completion of the training will help you to cope with moods in the future?

Yes	64	87.7
No	8	10.9

Do you feel that completion of the training has helped you to deal with a particular problem or issue?

Yes	52	71.2
No	21	28.7

TABLE 2 (Continued)

How useful were the skills you learned in coping with your own moods?

Very useful	9	12.3
Useful	32	43.8
Not useful	32	43.8

How useful were the skills you learned in helping others to cope with their moods?

Very useful	22	30.1
Useful	25	34.3
Not useful	26	35.6

PARTICIPANT RATINGS OF SPECIFIC PROGRAM COMPONENTS AS "VERY" OR "EXTREMELY" USEFUL

Pleasant Events Checklist	32	43.8
Pleasant Events Tracking Form	27	36.9
Unpleasant Events Checklist	32	43.8
Unpleasant Events Tracking Form	32	43.8
Graphing	31	42.5
Daily Mood Rating Form	35	47.9
Problem Contract	31	42.6
"Model Problem"	26	35.6
Homework	29	39.7

Do you feel that you benefited more from the program because you participated with friends and co-workers?

Definitely yes	14	19.2
Probably yes	37	50.7
Probably not	14	19.2
Definitely not	8	10.9

RIPPLE EFFECTS OF PROGRAM PARTICIPATION

Would you be interested in teaching the skills you learned to others?

Definitely yes	13	17.8
Probably yes	24	32.9
Probably no	29	39.7
Definitely no	7	9.6

If you would be interested in teaching your skills, who would you be most likely to teach?

Spouse	20	27.4
Children	18	24.7
Friends	28	38.4
Co-workers	32	43.8
Others	18	24.7

TABLE 2 (Continued)

If you would be interested in teaching your skills to others, do you feel you would need additional training?

Definitely yes	29	39.7
Probably yes	18	24.7
Probably no	15	20.6
Definitely no	4	5.5

TABLE 3

COMMENTS MADE BY PARTICIPANTS ON THE TELEPHONE CONFERENCE FORMAT

STRENGTHS

Convenience and Efficiency:

"We were able to participate without missing work."
"It saves a lot of time and money."
"The program reached a lot of employees at one time."

Format:

"Take-home materials reinforced our learning."
"Homework was fun and worthwhile."
"I liked being able to share ideas with people from other areas."
"I enjoyed sharing on-the-job training with my co-workers--it gave us something constructive to focus on for a change."

WEAKNESSES

Physical Facilities for the Program:

"It was difficult to concentrate on the "black box."
"The busy signal was distracting."
"The instructor's voice was inaudible at times."
"It is difficult to listen without visual aids."
"The equipment was too intimidating; it limited discussion in our group."
"Our room was uncomfortable--not only was it crowded and hot, but we didn't have enough room to spread out our materials during the sessions."

Format:

"We needed a small group follow-up after each session."
"It's too difficult to interact with the unseen."
"The topic is too personal for the group format."
"We just didn't have enough time to exchange opinions and information."
"Conversation was not facilitated at designated times in the program."
"It was distracting when participants talked to one another during the sessions."
"I felt uncomfortable with the instructor on the telephone."